

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Commissioner Donal Campbell
Department of Corrections
P.O. Box 301501
Montgomery, AL 36130

COMPLETE THIS SECTION ON DELIVERY	
FILED 07/31/2006	
X Ray P. Hoge	
A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery 12/20/06	
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2:06cno (Completed today)
7005 1160 0001 2962 3113
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540